	Fed Exp	۶ ر	3521-449	95-1842
FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PAG	Reset Form	•	FORM DR-2	DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Orga	nization)] <u> </u> (R	ev. 07/2004)	REPORT
Democratic Governors' Association		Co	or Office Use O	7658
IMPORTANT: Indicate by # type of committee you are reporting for: [(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)(4)County Central Committee (5)County Candidate (6)City Candidate Political Subdivision Candidate (8)County PAC (9)City PAC (10)Subdivision PAC (11)Local Ballot Issue	2)State PAC (3)State Party date (7)School Board or Other	So	anned	
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)		e reports are ssible civil an	
Office Sought	District (if Senate or House)	per	nalties.	
('8) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	202-772-5611		2 M	ly 2005
SHENATURE OF PERSON FILING REPORT				
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	SIGNED
October 19 2004	REPORT FOR (1) ELECTION /		DATE S	YEAR.
I AM FILING A October 19,2004	_ REPORT FOR (1) ELECTION / Indicate by #	2	N-ELECTION	
I AM FILING A (report date)	_ REPORT FOR (1) ELECTION / Indicate by # Example 19, 2004 f Dissolution Form DR-3.	2 cal Com	nmittees, enter [
October 19,2004 (report date) CACHECK IF AMENDMENT TO REPORT DATED October O	_ REPORT FOR (1) ELECTION / Indicate by # Example 19, 2004 f Dissolution Form DR-3.	2 cal Com	nmittees, enter [Date of Election
I AM FILING A October 19,2004 (report date) CACHECK IF AMENDMENT TO REPORT DATED October 19,2004 (report date)	_ REPORT FOR (1) ELECTION / Indicate by # Example 19, 2004 f Dissolution Form DR-3.	2 cal Com	nmittees, enter [Date of Election
I AM FILING A October 19,2004 (report date) CACHECK IF AMENDMENT TO REPORT DATED October 19,2004 (report date)	REPORT FOR (1) ELECTION / Indicate by # Lorent 19, 2004 f Dissolution Form DR-3. OF CASH ON HAND tal of all funds held by the ash on hand at the end	2 cal Comunity & lich Elec	nmittees, enter [Date of Election
October 19,2004 (report date) (XICHECK IF AMENDMENT TO REPORT DATED October of Check if this is final (termination) report and attach Notice of Cyou must continue to file reports until a DR-3 is filed. STATEMENT CASH ON HAND at the beginning of the reporting period. (Toto committee. This amount MUST be the same as the committee.)	REPORT FOR (1) ELECTION / Indicate by # Lorent 19, 2004 f Dissolution Form DR-3. OF CASH ON HAND tal of all funds held by the ash on hand at the end	2 cal Comunity & lich Elec	nmittees, enter E Local Committed tion is held	Date of Election es, enter County in

STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$	1.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	25,000.00
Schedule F: Loans Received total (Attach Schedule F)	
(Schedule H applies to Candidates' Committees Only)	25,001.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) Schedule F: Loan Repayments total (Attach Schedule F)	25,000.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)\$	1.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$	_
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$	
CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?)	YES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$	

For Instructions,	See	Back	of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Democratic Governors'Association-Iowa

Reset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
1		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
8/10/04	ID# CK#	I.B.E.W. 1125 15th Street, NW Washington, DC 20001	N/A	\$25,000	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#			-	ļ
	CK#				
			SUB-TOTAL	. 25 000	

TOTAL (if last page of this schedule)

Page 1 of 1 (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETADY
ם י	MONETARY
(Rev. 07/03)	EXPENDITURES
X CHE	CK THIS BOX IF

AMENDING FORM

ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Democratic Governors' Association-Iowa

CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE **AMOUNT** DATE ID NUMBER **EXPENDITURE** (DESCRIBE TRANSACTION) **EXPENDED** EXPENDED (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# 9098 Iowa Democratic Party 8/10/04 1408 Locust Avenue Contribution CK# 100 \$25,000 Des Moines, IA 50309 ID# CK# SUB-TOTAL \$ 25,000 TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page		of		

LA-53

7/04

FOR INSTRUCTIONS, SEE BACK OF FORM		FORM
DISCLOSURE SUMMARY PAGE		DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization	(Rev. 07/2003) REPORT	
		For Office Use Only
Democratic Governors'Association-Id	Comm. # 0658	
IMPORTANT: Indicate type of committee you are reporting for:	Logged in Sw	
(1) Statewide/Legislative Candidate (2) Statewide PAC(3) State Party (4) Co	enty/Local Candidate	Scanned
(5) County PAC (6) Ballot Issue/Franchise (B) County/On/Central	Committee	Computer
CANDIDATE COMMITTEES ONLY: (ICT 1 o 2004		Audited
Candidate Name Candidate Name OCT 1 9 2004 Poli	cal Party	
TOTAL POPPER		
Office Sought	fict (if Senate or House)	
(1) X / / / / / / / / / / / / / / / / / /	202-772-5611	October 19,2004
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE	
The barrent ming and report)	ILLETTONE	DATE SIGNED
Late filed reports are subject to po	ssible civil and crimina	al penalties.
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FO		
I AM FILING A REF		ON /(2)NON-ELECTION YEAR
(report date)	Indicate one 2	
CHECK IF AMENDMENT TO REPORT DATED	Loca	Committees, enter Date of Election
Check If this is final (termination) report and attach Notice of Diss	colution Form DR-3.	nty & Local Committees, enter County in
(You must continue to file reports until a Notice of Dissolution	on is filed.)	h Election is held
STATEMENT OF	CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (This is to	ne total of all monies held	•
by the committee. This amount MUST be the same as the	cash on hand at the end	. 1 00
of the last reporting period, or must be zero if this is first rep	on filed.)	\$
ADD TOTAL MONEY TAKEN IN THIS PERIOD Schodule A. Cosh Contributions total (Albert Schodule A.)	/ * -lan and 1 47 44 4	25,000.00
Schedule A: Cash Contributions total (Attach Schedule A) Schedule F: Loans Received total (Attach Schedule E)		
Schedule F: Loans Received total (Attach Schedule F)		0
Schedule H: Total Sales of Campaign Property (Attach Sci (Schedule H applies to Candidates) Committee		
TEXASTALL I PRINTED IN CALIFORNIA COMMITTEE		e 25 100 00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	SUB-IVIAL.	\$ 25,100.00
Schedule B: Expenditures total (Attach Schedule B) (**also	see debts and loons helevil	25,000.00
Schedule F: Loan Repayments total (Attach Schedule F)	,	14.
CASH ON HAND at the end of this reporting period (if final report, be		
be zero) (Attach DR-3)		s 1.00
**UNPAID BILLS (From Schedule D - Attach Schedule D)		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E		
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	*************************************	\$ 0
CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN (Schedule G Attached?)		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Sc	bodula LIX	YES WO
	4 RES X ((C. 17.)	_

IA-55

7/04

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization) Democratic Governors Association-Iowa

Fax:202-7725602

	<u></u>		
	SCHEDULE		
and the second s	A	MONETARY	
	(Rev. 07/03)	RECEIPTS	
		CK THIS BOX IF NDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
/10/04	ID#	I.B.E.W.			INCOME
/10/04	CK#	1125 15th Street NW Washington, DC 20005	N/A	\$25,000	
	ID#				<u> </u>
	CK#				
	ID#				
	СК#				
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	CK#		•		
			SUB-TOTAL		
		WATEL OF C		\$25,000	
		IOIAL (if last p	age of this schedule)	s	

up of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, error "not applicable" in the relationship column.

Page _____ (for Schedule A)

IA-57

7/04

FOR	INSTR	UCTIONS,	SEE BA	ICK ()F FORM
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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE		
B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization) Democratic Governors'Association~Iowa

DATE EXPENDED (MM/DD/YR)	CANDIDATE 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID# 9098	Iowa Democratic Part	Υ .	***·· * - · · · · · · · · · · · · · · · · · · ·
8/10/04	CK# 100	1408 Locust Avenue Des Moines, IA 50309	Contribution	\$25,000
	ID#			
'	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	Ск#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$25,000
			TOTAL (if last page of this schedule)	

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1of1	
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